

Agreement #038708
10/1/07-9/30/08

Family Guest Speaker
Claim Form

I was a guest speaker/panel member for _____ held
on _____ .
Date

Please pay my stipend of \$35.00/session.

Signature
Date

Name: _____

Address: _____

*Social Security # _____

Please mail this claim and the application within 30 days to:

Beth Buehler
Student and Family Support Services
Iowa Department of Education
Grimes State Office Building, 3rd floor
400 E. 14th Street
Des Moines, Iowa 50319-0146

*We have to have the social security number to process claim and we need
this form mailed in order to have the original signature.